DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1071

FILED FEB 11 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1144

**1. PLACE OF DEATH:**

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital Nol 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day in Hospital (Specify whether
In this community 40 Years in St Louis
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17 N

(c) City or town St Louis 9 N
(If outside city or town limits, write "RURAL")

(d) Street No. 1225 S 13th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARKIS THOMAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Theresa Thomas

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT. 5th 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 28 If less than one day hr. min.

9. Birthplace SYRIA 8
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Syria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Thomas
15. Birthplace Syria 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Faheen
(b) Address 5821 Tholozan Av e

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7-1944
(Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director Thos Kitt & Son.
(b) Address 2906 Gravois Ave

19. (a) FEB 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 3
year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 1 - 1943 to Febr. 3, 1944
that I last saw him alive on Jan 29 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis with

Due to Chronic Carditis

Due to Chronic Nephritis

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work (e) Means of injury 0

23. Signature C. F. Klaeppel (M. D. or other)

Address 905 Morrison Date signed 2/4/44

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address 2906 Gravi

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**